

## Provide Information on Infant/Toddler Care

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### About this Project

CLASP's *Charting Progress for Babies in Child Care* project highlights state policies that support the healthy growth and development of infants and toddlers in child care settings, and provides online resources to help states implement these policies. The foundation of the project is a policy framework comprised of four key principles describing what babies and toddlers in child care need and 15 recommendations for states to move forward. The project seeks to provide information that links research and policy to help states make the best decisions for infants and toddlers.

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By Hannah Matthews<sup>1</sup>

Choosing child care for their very young children is often a difficult and emotional task for parents. All babies and toddlers in child care need their families to have access to quality options for their care. To support this goal, CLASP recommends that states provide all parents of infants and toddlers with culturally and linguistically appropriate information on choosing high-quality care and subsidy eligibility.

This document presents research supporting the recommendation to provide information on infant/toddler care. Visit [www.clasp.org/babiesinchildcare](http://www.clasp.org/babiesinchildcare) for materials related to this recommendation, including ideas for how state child care licensing, subsidy, and quality enhancement policies can move toward this recommendation; state examples; and online resources for state policymakers.

### What does the research say about providing families of babies and toddlers with information on quality child care?

**Parents lack information on quality infant/toddler care.** Over half (57 percent) of women with children under 3 are employed.<sup>2</sup> Working parents need to arrange care for their young children while they work and often need help identifying and securing quality care, particularly first-time parents with infants. Parents may be unfamiliar with the indicators of high-quality infant/toddler care, as well as with the various licensing and accreditation standards for child care. Nearly half of requests for child care (48 percent) received by child care

resource and referral agencies (CCR&Rs) are for infant care, according to a recent survey of such agencies.<sup>3</sup> Parents may lack information on what quality programs are available for infants and toddlers, including Early Head Start and other home- and center-based child care programs that support the full range of young children's developmental needs. Such programs can further parents' access to information on infant/toddler development and quality care. For example, Early Head Start works with parents to provide family support through partnerships, identifying social service needs, and service provision or referrals.<sup>4</sup>

Babies and toddlers in child care need access to warm, responsive, child care providers and safe and stimulating environments that meet the full range of their developmental needs.<sup>5</sup> In reality, quality infant/toddler care is scarce, and parents may assume that state governments are doing more than they actually are to ensure that infant/toddler child care meets high standards. For example, a national poll of parents with young children found that 76 percent believed child care programs were regularly inspected, and 78 percent believed all child care providers were required to have training in child development.<sup>6</sup> In reality, very few states hold centers or family child care homes to standards linked to better quality care, such as recommended provider-to-child ratios, small group size, and obtaining age-specific teacher education and training prior to caring for children. Also, few states provide sufficient oversight and monitoring to ensure young children are safe.<sup>7</sup>

**Low literacy levels and limited English proficiency serve as barriers to accessing information about quality infant/toddler care.** Just 5 percent of adults in the U.S. are considered to be non-literate in English; however, a much greater number have low levels of English language literacy, making it difficult for them to comprehend written information. According to a 2003 survey, over a third of adults (34 percent) have only a basic or below basic proficiency in the literacy skills necessary for reading documents such as job applications and transportation schedules, and under half of adults (43 percent) have only a basic or below basic proficiency in the literacy skills necessary for reading short news stories, brochures or instructional materials.<sup>8</sup> Low-income

individuals are most likely to have lower levels of literacy,<sup>9</sup> which has implications for accessing information. More than 5 million babies and toddlers—43 percent of all children under age 3—live in low-income families (those with incomes below 200 percent of the federal poverty level),<sup>10</sup> that are more likely to have difficulties understanding written English.

Additionally, one in seven children under age 3 has a parent who is limited English proficient (LEP) or has difficulty reading, speaking or understanding English.<sup>11</sup> Information on quality child care is particularly difficult for these parents to access if it is not available in their native languages or appropriately translated.<sup>12</sup> All agencies that receive federal funds—including schools and Head Start programs—are required to provide meaningful access to services for LEP individuals,<sup>13</sup> often through the provision of translation and interpretation services. Head Start programs are also required to facilitate the involvement of parents regardless of spoken language or literacy, but still report challenges in meeting the needs of LEP parents.<sup>14</sup> Child care programs may not have similar requirements. Agencies, such as CCR&Rs, that provide information on quality child care to parents are not guaranteed to do so in languages other than English, often leaving parents with little information regarding the kinds of services they can access.

**Immigrant parents face additional barriers to accessing information on quality infant/toddler care.** One in four children under age 3 lives in an immigrant family with at least one foreign-born parent.<sup>15</sup> Children in immigrant families are the fastest growing segment of the country's child population.<sup>16</sup> The immigrant population is increasingly diverse, with

#### **From the Coalition for Asian American Children and Families**

“Without complete knowledge and equitable access to information about their child care options, many immigrant families face challenging situations to find appropriate, safe, and affordable care.”<sup>17</sup>

families from a multitude of countries and cultural backgrounds speaking hundreds of languages and dialects. Over half of these infants and toddlers (58 percent) have at least one parent who is LEP and over a third (37 percent) have two LEP parents.<sup>18</sup> A study of Bangladeshi, Chinese, Dominican, Haitian, Korean, and Russian immigrants in New York City found that families faced difficulties accessing information about child care for their young children. Many families, for example, were unfamiliar with the city's child care resource and referral hotline. While some knew of the citywide "311" non-emergency public information and services hotline, they also found it confusing. Significantly, the hotline offered translation services only in Chinese and Spanish, but could not accommodate other linguistic groups.<sup>19</sup>

In addition to being more likely to have language barriers, immigrants must navigate unfamiliar, and sometimes intimidating, programs and services to access information. There is little research that explains how immigrants receive knowledge of child care, but related research shows that immigrants are less likely than U.S.-born citizens to be aware of the full range of health and community resources.<sup>20</sup> There is also little research on immigrant family awareness of the potential benefits of high-quality early care experiences for babies and how this compares to awareness among U.S.-born citizen families. Research suggests that immigrant parents' familiarity with available child care programs depends on many factors, including English language proficiency, how recently they arrived in the U.S. and under what circumstances, country of origin, child care experiences in their home countries, and parental education levels. Many of these factors are interrelated.<sup>21</sup> The early care practices of all parents are rooted within a cultural context.<sup>22</sup> Effectively providing information to diverse cultural groups may include tailoring how information is presented and determining who are the most effective information transmitters for particular groups.<sup>23</sup>

**Low-income parents need access to understandable information on accessing child care assistance to pay for infant/toddler care.** Receipt of child care subsidies makes licensed child care more accessible for low-income families,<sup>24</sup> particularly when the price of infant care in a licensed center is, on average,

between \$4,542 to \$14,591 annually.<sup>25</sup> In 2007, fewer than one million families received Child Care and Development Block Grant Program (CCDBG)-funded child care assistance.<sup>26</sup> While estimates from 2000 (the latest year data are available) put at one in seven the share of eligible children from birth to age 13 receiving child care assistance through all federal funding sources,<sup>27</sup> the share of eligible infants and toddlers receiving child care assistance is unknown. There are many reasons that eligible families do not receive assistance, including chronic shortfalls in funding for child care that prevent all eligible families from receiving help, burdensome application processes, and challenging interactions with subsidy agencies.<sup>28</sup> Several studies have found low utilization rates of child care subsidies.<sup>29</sup> Research shows that some reasons for this are that low-income parents may misunderstand the rules of the child care subsidy system or may be apprehensive about participating in it. For example, a study of African-American families in Philadelphia found that half of parents eligible for subsidies incorrectly believed they were ineligible, and nearly a fifth (17 percent) incorrectly believed that if they received a subsidy they would be limited to using center-based child care.<sup>30</sup>

**LEP and immigrant families are often unaware of or unfamiliar with the availability of child care assistance.** A Government Accountability Office (GAO) study found that LEP parents of young children who are eligible for subsidies were largely unaware of the availability of child care assistance. Some parents had major misconceptions related to applying for subsidies, including the belief that children might later be drafted into the armed forces to repay the assistance.<sup>31</sup> Immigrant families also commonly believe incorrectly that the receipt of child care subsidies—even for their citizen children—may affect their own future immigration status or prospects for citizenship.<sup>32</sup> A study of child care subsidy recipients in Massachusetts found that non-native English speakers faced difficulties understanding subsidy paperwork and communicating with child care resource and referral (CCR&R) networks and the child care subsidy agency.<sup>33</sup> The study found that translation services were uneven and the state lacked a systematic approach to translating child care materials for LEP families. Few child care referral counselors were available

to speak and read languages other than English.<sup>34</sup> Focus groups of immigrant women from Haiti and Latin America in Miami also found confusion and misinformation surrounding the process of applying for child care assistance.<sup>35</sup>

**Many parents of infants and toddlers need individualized consultations to ensure they understand child care information and options.** A stated goal of the federal child care assistance program is “to encourage States to provide consumer education information to help parents make informed choices about child care.”<sup>36</sup> All parents of young children need information on infant/toddler development and quality child care. In particular, parents with low literacy skills or limited English proficiency or recent immigrant parents who are unfamiliar with child care programs need more than just printed or recorded information. Many need individualized consultations, provided through bilingual and culturally competent staff, in order to understand the full range of child care options and make informed choices about infant/toddler care. States often support consumer education through partnerships with CCR&Rs.<sup>37</sup> These agencies provide information for parents on health and safety information, quality child care, and accessing child care assistance.<sup>38</sup> While consumer education may take many forms, individualized consumer education that includes a one-on-one consultation may ultimately be most helpful to parents, particularly low-income parents.<sup>39</sup>

## **How can state child care licensing, quality, and subsidy policies support the provision of culturally and linguistically appropriate information to parents?**

**States can improve education and outreach initiatives to target parents of infants and toddlers, including language-minority and immigrant parents and parents with low literacy levels.** All parents need access to understandable information on choosing high-quality infant/toddler care. States currently use multiple methods of informing parents about child care options, including the use of the internet, brochures, booklets,

flyers, toll-free telephone numbers, and partnerships with CCR&Rs, other state agencies, and public schools.<sup>40</sup> The cultural and linguistic diversity of babies and toddlers and their families suggests that for information to reach families with young children, it must be available in many languages and formats, including simple language for native English speakers with low literacy levels. The use of non-written materials, including television and radio announcements, and simply-written materials on infant/toddler care is important to ensure that information reaches all parents. States can also provide more information in multiple languages over the internet, which is a growing source of information for all families. While lower-income families are less likely to own a computer compared to higher-income families, the former may turn to community organizations and other intermediaries to access online information.<sup>41</sup> Research on state child care subsidy programs suggests that the internet is a promising strategy for providing information not just to parents, but also to providers and agencies that work with them.<sup>42</sup>

To reach immigrant communities, states may want to provide targeted outreach through face-to-face contact and personal communications. Information shared through a trusted source is the most likely to reach immigrant communities. In addition to outreach in multiple languages, child care agencies should identify immigrant neighborhoods, immigrant service providers, and places immigrants frequent for targeted outreach and information dissemination. The use of ethnic- and language-minority newspapers, radio, and television can also be effective.<sup>43</sup>

**States can promote awareness of child care subsidies to low-income parents of infants and toddlers and improve language access to child care subsidies for LEP parents of young children.** State and local subsidy agencies may do little to advertise the availability of child care subsidies for low-income parents due to an inability to provide assistance to all eligible parents. States that have waiting lists for subsidies have little incentive to conduct outreach and grow their waiting lists. Yet states can do more to publicize the availability of child care assistance and target outreach to meet the needs of those with language and literacy barriers. States can review existing informational brochures and materials



and ensure that they are readable at low levels of literacy and contain understandable information on eligibility for child care subsidies. They can also use non-written forms of communication. Thirteen states report using in-person outreach activities or radio and/or television to promote awareness of child care subsidies.<sup>44</sup> Some states, including New York, Connecticut, and Texas, have invested in free “211” or other public information and referral telephone hotlines that can provide information about child care assistance verbally to parents who may have low literacy levels. In Texas, the “211” system provides child care information in over 90 languages.<sup>45</sup>

Improved customer service practices among subsidy agency staff may also increase parents’ access to reliable information.<sup>46</sup> The employment experiences of low-income parents, including balancing multiple jobs or frequent schedule changes, are barriers to becoming informed consumers. While working parents may receive information, the realities of their employment situations necessitate that they receive help sorting through it and navigating complex systems. Practices that encourage individual counseling and enhanced services can help low-income parents. These include providing more comprehensive information and explanations of subsidy rules and processes, making subsidy agency staff more reachable, even during evenings, and using more telephone and web-based services, thereby reducing the number of times parents need to visit subsidy offices.

All agencies and programs that receive federal funds are required to take reasonable steps to provide LEP individuals with meaningful access to their programs, activities, and services.<sup>47</sup> State and local child care agencies can create a language access plan that includes dedicated resources for: recruiting and hiring multilingual staff; accessing qualified translators and interpreters; partnering with cultural mediators and/or community liaisons; competently translating materials that are easy to read at low literacy levels; and utilizing non-written approaches to communication, including personal communication and the use of ethnic and minority language media such as radio and television.<sup>48</sup> Language access is about more than just translating documents and using interpreters. Child care programs can elicit the help of immigrant-service organizations, cultural mediators,

and leaders representative of immigrant communities to ensure that language needs are adequately addressed and to access translation services.

Some states have reported on their methods of providing information about quality child care and child care subsidies to language-minority families.<sup>49</sup> Minnesota requires all county human services agencies to submit a language access plan.<sup>50</sup> South Carolina provides language access training to subsidy caseworkers and supervisors on the agency’s procedures for working with LEP families.<sup>51</sup> Indiana evaluates organizations conducting intake for the subsidy program on their ability to accommodate families with language barriers.<sup>52</sup> The District of Columbia conducts periodic intake at a variety of community sites to assist families whose primary language is not English. The subsidy agency has multilingual staff fluent in Spanish, French, Amharic, Vietnamese, Thai, and Serbian.<sup>53</sup>

Based on a report of 2008-2009 CCDBG state plans, 29 states provide some informational materials on child care assistance to parents in at least one language besides English. More states (37) report having bilingual caseworkers or translation services (such as a telephone language line) available for parents. Applications for child care assistance are available in at least one language other than English in 28 states.<sup>54</sup> States do not report on the number of languages in which materials are available or the number of bilingual caseworkers they employ.<sup>55</sup> Often, translated information and interpretation services are limited for languages other than Spanish.<sup>56</sup> In order to increase awareness of quality infant/toddler care among culturally and linguistically diverse families, more bilingual and culturally competent staff are needed across the child care system—including among resource and referral services, direct providers, and administrators and policymakers.

**States can support CCR&Rs and other organizations in their efforts to provide information to parents of young children.** CCR&Rs across the country help families find child care and access child care subsidies; they also provide training and technical assistance to child care providers to improve the quality of child care. Most states (40) partner with CCR&Rs to

inform parents about the availability of subsidies.<sup>57</sup> Beyond basic child care referral services, CCR&Rs also provide enhanced referrals that include more in-depth services such as child care vacancy checks and follow-up with parents. In 2006, 23 percent of enhanced referrals were for families who spoke languages other than English.<sup>58</sup> Most CCR&Rs provide training workshops for parents. Ninety-two percent of agencies that provided parent workshops in 2006 held them for parents of infants and toddlers, and 61 percent held them for expecting parents. However, only 34 percent offered workshops in languages other than English (in most cases Spanish).<sup>59</sup> States can support CCR&Rs in their efforts to assist low-income parents with finding high-quality infant/toddler care in their communities and accessing resources to help meet the costs of such programs, and they can provide information on the developmental benefits of high-quality experiences. States may consider hiring bilingual and bicultural staff to work with local CCR&Rs to improve their language capacity and cultural competence. Additional funding may also support enhanced referrals for targeted families. New Hampshire requires contracted agencies providing child care resource and referral to identify the languages spoken by families in their region, describe how they will access interpreters to communicate with families and providers, and describe how they will develop competence regarding the cultures of families and providers in their region.<sup>60</sup>

In addition to CCR&Rs, community-based organizations of all types need basic information on infant/toddler care and child care assistance to provide to the families they serve. States can form partnerships with health and social service organizations already working with parents of young children, in order to provide them with basic information. This should include partnering with social and legal service organizations who already have established networks and trust within immigrant communities. Immigrant-serving organizations can be intermediaries, conveying accurate information to families. The Oklahoma Department of Human Services funds a Hispanic services coordinator position at the Oklahoma Child Care Resource and Referral Association. The coordinator is bilingual and bicultural and works with local CCR&Rs to develop language-access plans for serving Spanish-speaking families. She also provides

direct referrals, conveying information on the importance of early childhood development, quality child care, and the maintenance of home language.<sup>61</sup> States may also consider contracting with organizations that have experience working with ethnic and language-minority groups to operate resource and referral services. For example, in New York City, the Committee for Hispanic Children and Families provides child care resource and referral services for child care, pre-kindergarten, afterschool programs, and summer camp for Hispanic families.<sup>62</sup>

**States can use trusted messengers to relay information on quality infant/toddler care and child care subsidies to diverse parents.** One essential element to effectively reaching and serving diverse communities is using trusted messengers as a bridge to the community. Cultural mediators, or cultural liaisons, can be employed by public and private agencies to help build trust and create links to language-minority and immigrant communities and families.<sup>63</sup> Cultural mediators have the trust of the community they represent and are thoroughly knowledgeable about their cultural group. Cultural mediation is about more than translating language. Cultural mediators interpret nuances of culture and communication. They help translate child care practices for families from diverse backgrounds and provide relevant cultural information for agency staff. They also help build cultural competency and in doing so facilitate access to services for diverse families. Immigrant-serving organizations and other cultural mediators can play a key role in clarifying eligibility rules and misinformation about child care subsidies.

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for dynamically updated information related to this recommendation, including:

- **Policy Ideas** that states can use to move toward this recommendation
- **State Examples** profiling initiatives of policies under this recommendation
- **Online Resources** for state policymakers

<sup>1</sup> The author would like to thank Erika Beltran, Anne Goldstein and Nancy Kolben for their comments on drafts of this resource.

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<sup>3</sup> National Association of Child Care Resource and Referral Agencies, *Covering the Map: Child Care Resource & Referral Agencies Providing Vital Services to Parents Throughout the United States*, 2008, [http://www.naccrra.org/policy/recent\\_reports/docs/parent\\_service\\_report.pdf](http://www.naccrra.org/policy/recent_reports/docs/parent_service_report.pdf).

<sup>4</sup> Head Start Program Performance Standards, 45 CFR 1304.40(1)(b), [http://www.access.gpo.gov/nara/cfr/waisidx\\_06/45cfr1304\\_06.html](http://www.access.gpo.gov/nara/cfr/waisidx_06/45cfr1304_06.html).

<sup>5</sup> Jack P. Shonkoff and Deborah A. Phillips, eds., *From Neurons to Neighborhoods: The Science of Early Childhood Development*, National Research Council and Institute of Medicine, 2000; National Institute of Child Health and Human Development (NICHD) Early Child Care Research Network, "Characteristics of Infant Child Care: Factors Contributing to Positive Caregiving," *Early Childhood Research Quarterly*, 11 no. 3 (1996): 269-306; Richard Fiene, *13 Indicators of Quality Child Care: Research Update*, Pennsylvania State University and the National Resource Center for Health and Safety in Child Care, University of Colorado, presented to Office of the Assistant Secretary for Planning and Evaluation and Health Resources and Services Administration/Maternal and Child Health Bureau, U.S. Department of Health and Human Services, 2002, <http://aspe.hhs.gov/hsp/ccquality-ind02/>.

<sup>6</sup> National Association of Child Care Resource and Referral Agencies, *Parents' Perceptions of Child Care in the United States*, 2009, [http://www.naccrra.org/policy/recent\\_reports/parent\\_poll.php](http://www.naccrra.org/policy/recent_reports/parent_poll.php).

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<sup>9</sup> Kutner et al, *Literacy in Everyday Life*.

<sup>10</sup> Ayana Douglas-Hall and Michelle Chau, *Basic Facts about Low-Income Children Birth to Age 3*, National Center for Children in Poverty, 2008.

<sup>11</sup> Calculated from Census 2000 data by Donald J. Hernandez, Nancy A. Denton and Suzanne E. Macartney, Center for Social and Demographic Analysis, University at Albany, State University of New York, [http://mumford.albany.edu/children/data\\_list\\_open.htm](http://mumford.albany.edu/children/data_list_open.htm).

<sup>12</sup> The Coalition for Asian American Children and Families, *Half Full or Half-Empty? Health Care, Child Care and Youth Programs for Asian American Children in New York City*, 1999; Bruce Fuller, Costanza Eggers-Pierola, Susan D Holloway, Xiaoyan Liang and Marylee F. Rambaud, "Rich Culture, Poor Markets: Why Do Latino

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<sup>14</sup> U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, *Dual Language Learning: What Does It Take?*, Head Start Dual Language Report, 2008.

<sup>15</sup> Calculated from U.S. Census Bureau, *America's Families and Living Arrangements: 2007, Nativity Status of Children Under 18 Years and Presence of Parents by Race, and Hispanic Origin for Selected Characteristics: 2007*,

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<sup>18</sup> Calculated from Census 2000 data by Donald J. Hernandez et al.

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